

Logan County Probation Department
601 Broadway, Room 12, Lincoln, IL 62656
Phone: (217)732-2106 Fax: (217)735-1817

NAME _____
(full name) (alias, nickname)

ADDRESS _____
(include City, State and Zip)

TELEPHONE _____

How long have you lived there? _____ Who do you live with? _____

Who have you spent most of your time with in the last month? _____

Are you employed? If yes, where? _____

Hours worked per week _____ Days worked in last 4 weeks _____

Do you attend school? If yes, where? _____

Do you have a valid driver's license? YES NO Do you own or drive a vehicle? YES NO

Year, Make, Model, Color and License plate of vehicle _____

Person vehicle is registered to? _____

Are your fines, costs and restitution paid? YES NO

Are you ordered to complete any counseling? YES NO Have you completed your counseling? YES NO

Name and address of counseling agency? _____

Who do you see? _____ Next Appointment date? _____

Have you completed any of the following if so ordered:

Victim Impact Panel Public Service Work

HAVE YOU BEEN TICKETED, ARRESTED, INVOLVED IN AN ACCIDENT, CHARGED WITH ANY NEW OFFENSE OR HAD CONTACT WITH POLICE FOR ANY REASON?

If yes, where? _____ When? _____

Offense? _____ Next Court date? _____

WHO IS YOUR PROBATION OFFICER? CHRISTA JENNIFER TROY

I acknowledge that it is a violation of my probation to answer any of the above questions untruthfully.

Signature _____ Date _____

CIRCLE ONE REPORTED IN PERSON REPORTED BY MAIL

Next Appointment Date _____

Website: co.logan.il.us/probation